

<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. DC5156PCT1	
In Re Application Of: LILES et. al					
Application No.	Filing Date	Examiner	Customer No. 00137	Group Art Unit	Confirmation No.
Title: Silicone Oil-in-Water (o/w) Emulsion Compositions Useful for Water Repellent Applications					
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
<b>37 CFR 1.97(b)</b>					
1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.					
<b>37 CFR 1.97(c)</b>					
2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:					
<input type="checkbox"/> the statement specified in 37 CFR 1.97(e);					
OR					
<input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).					

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<b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1520 as described below.					
<input type="checkbox"/> Charge the amount of _____ \$					
<input type="checkbox"/> Credit any overpayment.					
<input type="checkbox"/> Charge any additional fee required.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
<b>Certificate of Transmission by Facsimile*</b>					
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">(Date)</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Typed or Printed Name of Person Signing Certificate</div>					
<b>Certificate of Mailing by First Class Mail</b>					
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">(Date)</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature of Person Mailing Correspondence</div> <div style="text-align: center;">Christine M. Fitak</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Typed or Printed Name of Person Mailing Certificate</div>					
<b>*This certificate may only be used if paying by deposit account.</b>					
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature</div>			Dated: 1/20/2006		
Alan Zornbeck Reg. No. 45,260 989-496-3101 Patent Agent Mail Number C01232 P.O. Box 994 2200 W. Salzburg Road Midland, MI 48686-0994 UNITED STATES OF AMERICA			CustomerNumber 00137		
cc:					

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Application Number	
Filing Date	
First Named Inventor	LILES
Art Unit	
Examiner Name	
Attorney Docket Number	DC5156 PCT1

[illegible][illegible]Date  
Considered

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /MM/